# FORM D

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## **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

OMB Number: 3235-0076 Expires: December 31, 2002 Estimated average burden hours per response.....16.00

**OMB APPROVAL** 

| <br> |  |     |
|------|--|-----|
|      |  | 155 |

02039590

NŐTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| SEC USE ONLY |          |        |  |  |  |
|--------------|----------|--------|--|--|--|
| Prefix       |          | Serial |  |  |  |
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|              | 1        |        |  |  |  |

| ·  |                                |                        |                            |                   |                     |                       |
|--|--------------------------------|------------------------|----------------------------|-------------------|---------------------|-----------------------|
| Name of Offering (I                                | check if this is an ame        | endment and name has   | changed, and indic         | cate change.)     | 117-56              | 97                    |
| Filing Under (Check b                              | ox(es) that apply):            | ⊠ Rule 504             | ⊠ Rule 505                 | ☐ Rule 506        | S ☐ Section         | 1 4(6) ULOE           |
|  |                                | nendment               |                            |                   |                     |                       |
|  |                                | A. BASIC I             | DENTIFICATION              | I DATA            | 34 F10              |                       |
|  | tion requested about the       | issuer                 |                            |                   |                     |                       |
| Name of Issuer ( cl                                | neck if this is an amendn      | nent and name has cha  | nged, and indicate         | change.)          |                     |                       |
| Address of Executive 2502 NORTH CLARK              | Offices<br>STREET – SUITE 230, |                        | Street, City, State, 60614 |                   | ne Number<br>9-3070 | (Including Area Code) |
| Address of Principal B (if different from Execu    |                                | (Number and            | Street, City, State,       | Zip Code) Telepho | ne Number           | (Including Area Code) |
| Brief Description of Bu                            | siness PERATION OF SHOPPI      | NG CENTER IN DUBLI     | IN, OHIO                   |                   |                     | PROCESSED             |
| Type of Business Orga                              | anization                      |                        |                            |                   |                     | 11100                 |
| ☐ corporation                                      | ☐ fimited partn                | ership, already formed |                            | ⊠ other (ple      | ease specify):      | JUN 2 5 2002          |
| business trust                                     | ☐ limited partn                | ership, to be formed   |                            |                   |                     | THOMSON               |
| Actual or Estimated Daniel Jurisdiction of Incorpo | ate of Incorporation or O      | _                      | Month 0 8 [                |                   |                     | FINANCIAL             |
| Sunsulcaon of morpo                                | audit of Organization.         | • -                    | N for other foreign j      |                   | x16.                |                       |

### **GENERAL INSTRUCTIONS**

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years.
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:                            | ⊠ Promoter          | ⊠ Beneficial Owner           | ☐ Executive Officer | ☐ Director | $\boxtimes$ | General and/or<br>Managing Partner |   |
|--|---------------------|------------------------------|---------------------|------------|-------------|------------------------------------|---|
| Full Name (Last name first, if GLAZE, ROBERT H.      | individual)         |                              |                     |            |             |                                    |   |
| Business or Residence Addre<br>2502 NORTH CLARK STRE |                     |                              |                     |            |             |                                    |   |
| Check Box(es) that Apply:                            | ☐ Promoter          | ☐ Beneficial Owner           | ☐ Executive Officer | ☐ Director | ⊠           | General and/or<br>Managing Partner |   |
| Full Name (Last name first, if WEYBRIDGE-VILLAGE SQL |                     |                              |                     |            |             |                                    |   |
| Business or Residence Addre<br>2502 NORTH CLARK STRE |                     |                              |                     |            |             |                                    |   |
| Check Box(es) that Apply:                            | ☐ Promoter          | ☐ Beneficial Owner           | ☐ Executive Officer | ☐ Director |             | General and/or<br>Managing Partner |   |
| Full Name (Last name first, if                       | individual)         |                              |                     |            |             |                                    |   |
| Business or Residence Addre                          | ess (Number and     | Street, City, State, Zip Coo | de)                 |            |             |                                    |   |
| Check Box(es) that Apply:                            | ☐ Promoter          | ☐ Beneficial Owner           | ☐ Executive Officer | ☐ Director |             | General and/or<br>Managing Partner |   |
| Full Name (Last name first, if                       | individual)         |                              |                     |            | _           |                                    |   |
| Business or Residence Addre                          | ess (Number and     | Street, City, State, Zip Coo | de)                 |            |             |                                    |   |
| Check Box(es) that Apply:                            | ☐ Promoter          | ☐ Beneficial Owner           | ☐ Executive Officer | ☐ Director |             | General and/or<br>Managing Partner |   |
| Full Name (Last name first, if                       | individual)         |                              |                     |            |             |                                    |   |
| Business or Residence Addre                          | ess (Number and     | Street, City, State, Zip Coo | de)                 |            |             |                                    |   |
| Check Box(es) that Apply:                            | ☐ Promoter          | ☐ Beneficial Owner           | ☐ Executive Officer | ☐ Director |             | General and/or<br>Managing Partner |   |
| Full Name (Last name first, if                       | individual)         |                              |                     |            |             |                                    |   |
| Business or Residence Addre                          | ess (Number and     | Street, City, State, Zip Coo | de)                 |            |             |                                    |   |
| Check Box(es) that Apply:                            | ☐ Promoter          | ☐ Beneficial Owner           | ☐ Executive Officer | ☐ Director |             | General and/or<br>Managing Partner | _ |
| Full Name (Last name first, if                       | individual)         |                              |                     |            |             |                                    |   |
| Business or Residence Addre                          | ss (Number and      | Street, City, State, Zip Coo | de)                 |            |             |                                    | _ |
| (Use blank sheet, or copy and                        | l use additional co | pies of this sheet, as nece  | essary.)            |            |             |                                    | _ |

| 3913888  | -   |  |   |                               | B. INF                                      | ORMATIC   | N ABOU                       | COFFERI                    | NG                            |                               | 100                    | filliai . | 40          |  |
|----------|---|--|---|-------------------------------|---|---|------------------------------|----------------------------|-------------------------------|-------------------------------|------------------------|-----------|-------------|--|
| 1.       | Has the is  | suer sold, o                             | r does the is                                   | ssuer intend                  | I to sell, to                               | non-accredit  | ed investor                  | s in this offe             | ering?                        |                               | •••••                  | Yes<br>⊠  | No          |  |
|          |   |  |   | Answer                        | also in App                                 | endix, Colu   | mn 2, if filin               | g under UL0                | DE.                           |                               |                        |           |             |  |
| 2.       | What is th  | e minimum                                | investment                                      | that will be                  | accepted fr                                 | om any indiv  | vidual?                      |                            |                               |                               | \$                     | 5,        | 5,000       |  |
| 3.       | 3. Does the offering permit joint ownership of a single unit? |  |   |                               |   |   |                              | Yes<br>⊠                   | No                            |                               |                        |           |             |  |
| 4.       | of similar r<br>listed is an<br>name of th                    | emuneratio<br>n associate<br>ne broker o | n for solicita<br>d person or<br>r dealer. If r | ation of pure<br>agent of a l | hasers in c<br>proker or de<br>ve (5) perso | s been or will<br>connection w<br>ealer registe<br>ons to be list<br>er only. | ith sales of<br>red with the | securities in<br>SEC and/o | the offering<br>or with a sta | g. If a perso<br>te or states | on to be<br>, list the |           |             |  |
| Fu<br>N/ | ll Name (Las<br>A   | st name firs                             | t, if individu                                  | al)                           |   |   |                              |                            |                               | <u> </u>                      | <u> </u>               |           |             |  |
| Bu       | siness or Re  | esidence Ad                              | idress (Nun                                     | nber and Str                  | eet, City, S                                | tate, Zip Co  | de)                          |                            |                               | •                             |                        |           |             |  |
| Na       | me of Assoc   | ciated Broke                             | er or Dealer                                    |                               |   |   |                              |                            |                               |                               |                        |           |             |  |
| Sta      | ates in Whic  | h Person Li                              | sted Has So                                     | olicited or In                | tends to Sc                                 | licit Purchas   | sers                         |                            |                               |                               |                        | · · ·     | <del></del> |  |
|          | (Check "A   | II States" o                             | r check indiv                                   | vidual State:                 | s)  |   |                              |                            |                               |                               |                        |           |             |  |
|          | [ AL ]  | [ AK]                                    | [ AZ ]  | [ AR ]                        | [CA]  | [CO]  | [CT]                         | [ DE ]                     | [DC]                          | [FL]                          | [GA]                   | [HI]      | [ ID ]      |  |
|          | [ IL ]  | [ IN ]                                   | [ IA ]  | [KS]                          | [KY]  | [LA]  | [ME]                         | [ MD ]                     | [ MA ]                        | [MI]                          | [ MN ]                 | [MS]      | [ MO ]      |  |
|          | [MT]  | [ NE ]                                   | [ NV ]  | [ NH ]                        | [ NJ ]                                      | [ NM ]  | [ NY ]                       | [ NC ]                     | [ ND ]                        | [ OH ]                        | [OK]                   | [OR]      | [PA]        |  |
| _        | [RI]  | [ SC ]                                   | [ SD ]  | [TN]                          | [TX]  | [ UT ]  | [VT]                         | [ VA ]                     | [WA]                          | [WV]                          | [WI]                   | [WY]      | [ PR ]      |  |
| Ful      | II Name (Las  | st name firs                             | t, if individua                                 | al)<br>                       |   |   |                              |                            |                               |                               |                        |           |             |  |
| Bu       | siness or Re  | esidence Ac                              | ldress (Num                                     | nber and Str                  | eet, City, S                                | tate, Zip Co  | de)                          |                            |                               |                               |                        | - "       |             |  |
| Na       | me of Assoc   | ated Broke                               | er or Dealer                                    |                               |   |   |                              |                            |                               |                               |                        |           |             |  |
| Sta      | ites in Which   | n Person Lis                             | sted Has Sc                                     | olicited or In                | tends to So                                 | licit Purchas   | ers                          |                            |                               |                               |                        |           |             |  |
|          | (Check "A   | Il States" or                            | check indiv                                     | idual States                  | s)  |   |                              |                            |                               |                               |                        |           |             |  |
|          | [ AL ]  | [ AK]                                    | [ AZ ]  | [AR]                          | [CA]  | [CO]  | [CT]                         | [DE]                       | [DC]                          | [FL]                          | [GA]                   | [HI]      | [ ID ]      |  |
|          | [ IL ]  | [ IN ]                                   | [ IA ]  | [KS]                          | [KY]  | [LA]  | [ ME ]                       | [ MD ]                     | [ MA ]                        | [ MI ]                        | [ MN ]                 | [MS]      | [ OM ]      |  |
|          | [ MT ]  | [NE]                                     | [NV]  | [ NH ]                        | [NJ]  | [ NM ]  | [NY]                         | [NC]                       | [ ND ]                        | [OH]                          | [OK]                   | [OR]      | [PA]        |  |
|          | [RI]  | [SC]                                     | [SD]  | [TN]                          | [XT]  | [UT]  | [VT]                         | [ VA ]                     | [WA]                          | [WV]                          | [ WI ]                 | [WY]      | [PR]        |  |
| Ful      | l Name (Las   | t name first                             | , if individua                                  | al)                           |   | ***   | <del></del>                  |                            |                               |                               |                        |           |             |  |
| Bu       | siness or Re  | sidence Ad                               | dress (Num                                      | ber and Str                   | eet, City, St                               | tate, Zip Coo   | de)                          |                            |                               |                               | ·                      |           |             |  |
| Na       | me of Assoc   | iated Broke                              | er or Dealer                                    |                               |   |   |                              |                            |                               |                               |                        |           |             |  |
| <br>Sta  | tes in Which  | Person Lis                               | sted Has So                                     | licited or Inf                | ends to So                                  | licit Purchas   | ers                          |                            |                               |                               | ·-·                    |           |             |  |
|          | (Check "A   | ll States" or                            | check indiv                                     | ridual States                 | s)  |   |                              |                            |                               |                               |                        |           |             |  |
|          | [AL]  | [ AK]                                    | [ AZ ]  | [AR]                          | [CA]  | [CO]  | [CT]                         | [DE]                       | [DC]                          | [FL]                          | [GA]                   | [HI]      | [ID]        |  |
|          | [1L]  | [ IN ]                                   | [ IA ]  | [KS]                          | [KY]  | [LA]  | [ME]                         | [ MD ]                     | [ MA ]                        | [ MI ]                        | [MN]                   | [MS]      | [ MO ]      |  |
|          | [MT]  | [NE]                                     | [NV]  | [ NH ]                        | [ NJ ]                                      | [ NM ]  | [NY]                         | [NC]                       | [ND]                          | [ OH ]                        | [OK]                   | [OR]      | [PA]        |  |
|          | [RI]  | [SC]                                     | [SD]  | [TN]                          | [TX]  | [UT]  | [ VT ]                       | [ VA ]                     | [WA]                          | [WV]                          | [WI]                   | [WY]      | [PR]        |  |
| (Us      | e Blank She   | et, or copy                              | and use ad                                      | ditional coni                 | ies of this s                               | heet, as ned  | essary.)                     |                            |                               |                               |                        |           |             |  |

### Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Offering Price Already Type of Security Sold Debt.....\$ 800,000 \$ 0 Equity .......\$ ☐ Preferred ☐ Common Convertible Securities (including warrants).....\$ Partnership Interests.....\$ S Other (Specify \$ Total .......\$ 800,000 \$ 0 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases Accredited Investors Non-accredited Investors..... 0 \$ 0 Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 3, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information required for all securities sold by the issuer, to date, in offering of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of offering \$ \$ Rule 504 Total ..... 0 \$ 0 Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees..... 500 Printing and Engraving Costs ..... ⊠ \$ 10,000 Accounting Fees. □ \$ Engineering Fees ..... □ \$ Sales Commissions (specify finders' fees separately)..... □ \$ Other Expenses (identify) organization costs □ \$

Total ......

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already sold.

⊠ \$

10,500

|      | b. Enter the difference between the aggregate offetion I and total expenses furnished in response to "adjusted gross proceeds to the issuer."  | Part C - Question 4.a. This difference i  | s the        | ŧ  | <u>\$ 789,500</u>     |
|------|--|---|--------------|--|-----------------------|
| 5.   | Indicate below the amount of the adjusted gross pused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate the adjusted gross proceeds to the issuer set forth | ot for any purpose is not known, furnise. The total of the payments listed must t | h ar<br>Equa | )<br>]                                       | -                     |
|      |  | •   |              | Payment to Officers, Directors, & Affiliates | Payments To<br>Others |
|      | Salaries and fees  |   |              | <u> </u>                                     | O \$                  |
|      | Purchase of real estate  | ***************************************   | 0 1          |  | □ S                   |
|      | Purchase, rental or leasing and installation of a  | machinery and equipment   | 0 :          | <u> </u>                                     | □ s                   |
|      | Construction or leasing of plant buildings and   | facilities,   | <b>0</b>     |  | □ <b>S</b>            |
|      | Acquisition of other businesses (including the voffering that may be used in exchange for the issuer pursuant to a merger)   | assets or securities of another   | _ <b>1</b>   | <b>.</b>                                     | □ <b>s</b>            |
|      | Repayment of indebtedness  |   |              |  |                       |
|      | Working capital  |   |              |  |                       |
|      | Other (specify): Closing costs on r  | efinancing  | <b>D</b> \$  |  | x s 39,500            |
|      |  |   | D <b>\$</b>  |  | © \$                  |
|      | Column Totals  |   | 0 5          |  | □ S                   |
|      | Total Payments Listed (column totals added) .  |   |              | £0 s <u>78</u>                               | 9.500                 |
|      | D  | , FEDERAL SIGNATURE   |              | 1  |                       |
| Щe   | issuer has duly caused this notice to be signed by the issuing signature constitutes an undertaking by the issue to fits staff, the information furnished by the issue.  | suer to furnish to the U.S. Securities and  | d Ex         | change Commiss                               | ion, upon written re- |
| su   | er (Print or Type)   | Signature   |              | Date   |                       |
| ΙE   | YBRIDGE-VILLAGE SQUARE, L.L.C.   | (Collect News   |              | MAY  | 19, 2002              |
| 2.73 | Real H Glave   | Title of Signer (Print or Type) PRESIDENT OF WEYBRIDGE-VI                         | LLA          | GE SQUARE,                                   | INC., MANAGER         |
|      |  |   |              |  |                       |

ATTENTION-

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Print or Type)           | Signature                           | Date              |
|----------------------------------|-------------------------------------|-------------------|
| WEYBRIDGE-VILLAGE SQUARE, L.L.C. | (Cober                              | MAY 19, 2002      |
| Name (Print or Type)             | Title (Print or Type)               |                   |
| LokovilGlan                      | PRESIDENT OF WEYBRIDGE-VILLAGE SQUA | RE, INC., MANAGER |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.